Substitute for form 1449/PTO				Complete if Known		
-				Application Number	10/663,895-Conf. #4522	
11	NFORMATION	I DI	SCLOSURE	Filing Date	September 16, 2003	
S	STATEMENT BY APPLICANT			First Named Inventor	Gail A. Alverson	
		- • •		Art Unit	2195	
	(Use as many she	e ets as	necess ary)	Examiner Name	J. To	
Sheet	1	of	1	Attorney Docket Number	324758001US2	

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Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or Relevant
Initials*	No.1	Number-Kind Code ² (if known)	MM-DD-YYYY	Applicant of Cited Document	Figures Appear
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NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²	
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Signature	/ocininer ro/	Considered	11/28/2008

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